The Hampden Hippocrat

A Bulletin for the Hampden District of the Massachusetts Medical Society

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re Search

Search, insists Dr. Hamilton Holt, is good, for we never can learn too much of the truth. But research, conversely, is something else again, — picking over ashes, it might well be termed, for the unburned residue of coal. It is a mistake, according to the belief of the precedent-shattering educator, to require or encourage every student to undertake research since only a few individuals are blessed with the requisite mental capacity. The dreary wastes of medical literature tend to bear out the Holtian conviction.

Research, furthermore, is not without risk. For instance, on that morning out of the remote past when the eminent, if short-tempered, pathologist J. Homer Wright went to the incubator in his laboratory at the M.G.H. and lifted the latch only to find the door blown off in his face, along with a thousand and one glass splinters and a smother of warm, pungent liquid. The language employed, when quiet once more permitted speech, was decidedly more forceful than scientific, or so it seemed to the 'pup' who, the night before, had crammed the gallon jug of diabetic urine containing a yeast cake into the warm confines of the incubator to remove the sugar by fermentation. The incident served to discourage further research, particularly in that **locus operandi.**

Still, there is a period in the careers of most of us when the young medic's fancy lightly turns to thoughts of invention or discovery—perhaps it should not be called research. At least, it was that way with one of us. The problem has been attacked, if memory serves correctly, of preventing the development of varicosities in the veins of the nether limbs. Thumb tacks for securing socks were ruled out at once as being too obvious, and safety pins were judged to be destructive.

Like Minerva herself, the solution sprang fully developed from the head of the inventor during the fruitful semi-consciousness of a particular early morning when the subconsious celebration ranged gloriously free from inhibitions and distractions. A visit to the Five and Ten provided a length of elastic tape, a needle and thread. Then the clasps were amputated from an orthodox pair of garters, or sock suspenders — in reality nothing less than tourniquets—and attached to a carefully measured strip of the shining lavender tape, with painstaking if not professional stitching. The health-insuring gadget was placed **in situ,** i.e., one end was hitched to the left sock, the trousers temporarily have been demoted, and the ribbon threaded over the crotch so that the right clasp could finally be secured. Once the normal relations in trousering were restored, the problem became a **fait accompli.** Even if a modicum of friction developed across the saddle, the leg veins pulsed on painlessly and free from extraneous constriction.

For weeks all went well with the experiment until one fatal afternoon upon a crowded platform of the Boston Elevated Railway. Our inventor was roused from another reverie by a burst of mirth, not to say ribalddry, wherever he paced. Over his shoulder he caught sight of a long slim lavender snake literally at his

Hampden Hippocrat

"Life is short and art is long, the occasion fleeting, experience fallacious and judgment difficult." —Hippocrates, 430 B.C.

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heel. Then he, too, had to grin to cover the shock of his discomfiture as he unfastened the misplaced suspender and coiled it in the depths of a pocket.

Later when the crotch of his only good pair of pants gave way, the revolutionary harness was laid upon the table for good, so to speak, and veins continued to become distorted until modern males gave the damned things up entirely and researched a heartfelt watchcry: **"let the socks fall where they may!"**

S. Q. Lapius

P.S. The fair sex literally has outstripped us,—even their stockings no longer are rolled; they are simply poured from bottles!

They Also Serve

The work of the Air-borne Engineers, many of whom trained at Westover Field, is just now being recognized as the magnificent achievement that it is making possible the liberation of enslaved peoples around the globe. And that is well. But there are others in addition to the regulars on land, at sea and in the air. Among the many unsung heroes and heroines of this war, the Volunteer Nurses' Aides, trained by the American Red Cross, deserve especial recognition for releasing so many professional nurses for service with our Armies and Navy, and for their efforts to maintain home-front morale.

The Hippocrat wishes to start the ball of public acclaim rolling in recognition of the valuable assistance rendered by the Aides. Some day may an avalanche of appreciation do them justice. Without this help it would have been impossible to keep our understaffed hospitals running efficiently while the census of patients has broken peace-time records. From personal observation it is possible to commend without reservation the young women who are giving long hours to this necessary work which often enough is tedious, to say the least.

And the Volunteer Matrons who have helped so much in hospital housekeeping must not be overlooked. They are submerged in the same undeserved anonymity that blankets hard-working linemen who enable those ball-toting backs to "go tearing by" to fame.

The field of merciful usefulness is about to be widened for the Nurses' Aides. At the suggestion of the National Foundation for Infantile Paralysis, the American Red Cross according to Dr. H. E. Kleinschmidt, Medical Director of the North Atlantic area, "have approved a plan to prepare carefully chosen volunteer nurses' aides to assist graduate registered nurses with the care of poliomyletis patients—in the non-contagious stage—in hospitals or homes where the need for this service becomes acute."

The Hampden district has begun to feel this need in recent months. Even though it may not be acute this year, it would seem indeed advisable to anticipate future possibilities in this manner.

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The inclosure is the report of the last Council Meeting as found in the Worcester Medical News of November of this year and is a better report than our editors are in a mood to concoct.

COUNCIL MEETING

No vital matters came to the attention of the Council at its last meeting, and no basic matters were acted upon.

Of considerable interest was the report of the launching of the post-payment plan for medical care arranged by the Banks of Massachusetts. This is a joint effort undertaken by the Banks as a result of long study and effort by a committee headed by Dr. Elmer Bagnall, President of the Society. The Banks seek to make available at moderate rates for the citizen who has a medical charge to clear, funds to settle their medical account. The citizen then pays off his obligation to the Bank as he would any other loan. The name of the new organization set up by the Banks is the Blue Triangle. It is felt this might facilitate discharge of medical obligations by people who have failed or have been unable to provide for medical care on a prepayment basis. In contrast to the prepayment of the Blue Cross and the Blue Shield, which are non-profit co-operative ventures between the public and the health agencies, this is a commercial project established and planned by the banking groups

A great deal of time was devoted to discussion of a resolution which provided for establishment of a Standing Committee to work with the Bar Association on the problem of medical evidence in courts. The motion, presented by Dr. Ober, was discussed from the viewpoint of the advisability of creating a standing committee, and also of whether or not the committee on ethics and Discipline could not properly handle he matter. The Council voted to create the committee.

A resolution was passed stating that the medical society did not approve now of payments for X-ray charges in hospital bills by the Blue Cross. A committee was appointed however to continue study of the problem.

A request was presented by Dr. Damoshek for appointment of a special committee to study blood transfusion reactions. The Council did not sustain the request.

A report of progress by Blue Shield was presented by Dr. McCann. There are 40,000 subscribers. The Corporation is functioning well in the black. Recent growth has been more rapid than early growth. All restrictions on pre-existing condiions have been removed. Some sources of subscriber dissatisfaction and medical difficulties were discussed It was noted that the involved relations of the public, Blue Shield and Blue Cross organizations had been as agreeable as anywhere in the country. The handicap for the venture created by non-participating physicians was mentioned. The question was propounded that if our society efforts failed, what was likely to occur here in view of the facts that: (1) the conservative government of England had endorsed an extreme program of socialized medical care: (2) that the present administration would continue to press for socialized medicine, and that the opposing candidate had called for expansion of social security to include medical protection: (3) that Canada has a medical care program under government auspices ready: (4) that LaGuardia is creating a program in New York with several millions of people potential subscribers, with an income limit of $5000; (5) that the

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United States Chamber of Commerce has voted approval of medical care under government auspices, where industry itself did not make arrangements for it. Or do men take time to find these things out?

The further question was propounded as to whether or not non-participating physicians felt that the men in the society, who were working so hard to effect a solution outside of government, would work to protect their so-called rights in the event of failure of the effort. The broad implication was that they would not, and that then they could take care of themselves—if there was any way left to do it. 150,000 physicians is not impressive in a nation of 140,000,000 people seeking relief from high medical costs. Still less impressive is the small coterie of specialists, out of the 150,000 men, who feel they have an unrestricted right to large fees from the lower income group—or to force them on to a charity basis.

CORRECTION: The August issue of The Hippocrat gave credit to Dr. Millman for reporting the annual meeting. The reporter was Dr. Tillman.

NOTE: The readers of the foreign letter in this issue may well consider making a contribution of their own which your editors would gladly print.

NOTES

Among nation wide county medical publications there are three listed from Massachusetts, of which The Hippocrat is one. In the whole United States there are just over one hundred and fifty county medical society publications.

Among nation wide state medical publications our New England Journal of Medicine covers Maine, New Hampshire, Vermont and Massachusetts, and in the forty-eight states there are thirty-six state publications.

South Sea Soundings

Relayed to the Hippocrat by
Capt. Theodore Schwartz, M. C.

From the deck of the LC, Captain Black caught sight of the cluster of dark-skinned villagers lining the white strip of beach below the fringe of cocoanut palms. As the ferry threaded a winding passage between the barrier reefs, the war-battered vessel and its course somehow reminded him of his own bruised sensibility and the tortuous line of duty which had been forced upon him as a member of the U. S. Army Medical Corps. Thanks to procurement, he found himself touring the fabled South Seas while some other fingers were counting the pulses he had left so far behind.

These villagers, he thought, at least have one thing in common with their American counterparts who turn out to watch for the 9:15, curiosity. For a brief space his thoughts continued to dwell upon those patients back in New England. How do they fare. What changes are taking place in his community—his circle of friends, his clientelle? After the war will the practice of medicine be socialized as predicted? Is it for the best? If so, for whom, the patient, the physician or both —or neither? His musings return to the concrete problems of the present with the crunch of the keel upon the coral beach. As he stepped ashore and observed the hesitant glances from eyes that seemed to plead for the recognition of a friendly gesture, he thought that here if anywhere, socialized medicine is the most feasible method of purveying medical care to these native children of the tropics.

"Come," they cried in unison when he asked where the doctor could be found. One of them, his hesitation gone, beckoned the visitor forward with a bandaged

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arm.

To the left, as they crossed the village square, the Australian flag, symbol of mandated power, hung limp from a lofty white staff. Beyond the row of native palm-thatched huts they came to a group of long, low buildings. They entered a dilapidated shack, the far end which stood open to the breeze. From the stacks of bandages and plaster, Captain Black judged this must be the dispensary. The practiced eye of the surgeon appraised the medical resources on display. Evidently the tables and shelves had been fashioned from jungle saplings and open crates masqueraded as cabinets. There seemed to be quite an assortment of ointments and other medicaments. A stethoscope caught his eye, but not much else in the way of instruments beyond the bare necessities for first aid and minor surgery. In the far corner he discovered a bare back stooping over a packing case. The trousers seem to be regular, so he addressed them.

"Good morning, Soldier."

"The same to you, Sir," replied the figure that whirled erect. "Sergeant Cronk, at your service; Bernard Cronk, Warrant Officer in the Australian Medical Service, —lic-lic doctor to the natives."

"And do you alone supply all of the local medical needs?"

"Right-ho, Sir," replied the Aussie, "I and my native 'doctor boys' yonder. They have been trained to put on dressings and splints. Not only that," he continued, "the lic-lic doctor is supposed to supervise the health in a number of other villages which extend along the coast and some way into the interior. Bli'me if it doesn't take three days travel to cover them all."

"Quite a responsibility, Sergeant," was Captain Black's comment. "I shall be interested to see some of your work."

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"Very good, Sir. Perhaps you would like to see the run of the mill in this mornin's clinic." The Sergeant grinned as he led the way to the line of coffee-colored figures where the doctor-boys were busy with fresh dressings. His intelligent exposition of the cases demonstrated clearly enough that the 4 years of practical experience had enabled this hospital apprentice to recognize tropical diseases even though he had not earned a medical degree. Not much training was required to demonstrate the fact that tropical ulcers and mycotic skin conditions were well-nigh universal but the need became evident in the matter of the theraputic problems involved.

"Yaws," the Sergeant pointed out, "is most effectively treated by vein with preparations of aresnic."

As they continued down the line, numerous patients with malaria were presented and parasitic intestinal infestations. Many exhibited the elphantine leg of filariasis, but the smallest group snowed fractures.

"Now, said the Cicerone, "if you like, Sir, we'll make the rounds of the wards."

"And will that complete your day's work?" suggested the visitor.

"Bli'me if it does! The sick must be visited in their huts, and after all that the bloody paper work must be finished before I can 'hit the hay' as the Yanks have it."

The hospital buildings proved to be long narrow huts, each one reserved for a special service such as medicine, surgery, pediatrics or orthopedics. No X-ray apparatus was to be seen, though bone lesions constituted the bulk of the surgery. Even the usual fixtures, such as wash basins and towels were conspicuous by their absence. The sole furnishings consisted of rows of bamboo tables about three feet high and grass mats regularly spaced upon the floor. Black remarked on the neatness of clean-swept coral beneath their feet.

"You see, Sir," explained the Sergeant, "the natives are not used to beds. They much prefer to sleep on the floor. The

beggars jolly well can't fall off," added Cronk with a smirk. "But some of the better hospitals have floors of wood raised above the ground."

As they passed through a male ward, Capt. Black asked the significance of the silent group of men who appeared to be intent on raising one of the patients with great care. "That," said the Sergeant, "is a funeral party of relatives, come to bury their dead. There will be a procession of the deceased's friends to the burying ground, one of the family carrying a crude wooden box. At the end of the 'one way ride' the body is placed in the box and lowered into the earth. Lamentations and wailing follow. They ain't very loud unless a chief dies," he added. "In that case professional mourners are called in, and a three day feast is in order."

In the female ward, a melon-sied abdomen caught the Captain's eye. "An obstetrical case?" he suggested.

"No, Sir, that Mary ain't pregnant," pronounced the lic-lic doctor. "As a matter of fact, we have no need here for a maternity ward. You see, Sir, these here Mary's, as we call 'em, are bloody squeamish in such conditions. When their time is come, each one of them beats it to the bush to have the babe in private. There ain't no witnesses wanted. When the job is done," he continued, "they go back to bed, but the next day return to work as usual."

"What happens in case of complications?" asked Black.

"If things don't go right," replied the lic-lic doctor, Mother is called, or even the husband, to assist by kneeing the woman in the small of the back and jerking her soulders backward to increase the force of the abdominal muscles pressing on the uterus. But it's true, Sir, that abnormal pregnancies and bleeding are rare among native women."

"And is there no pretense at prenatal care?" asked Captain Black.

"None at all," came the reply, "and blinkin' little postnatal care as you may call it."

"The natives obviously do not practice birth control," suggested Capt. Black.

"Cripes no! No more'n mosquitoes do," explained the Aussie. "All but one of the tribes. And that one seems bent on self-extermination. Some secret barb, they claim, is used to produce abortions, but white men haven't yet succeeded in learning their secret."

"How about mortality statistics in general?" queried Black.

"For the mothers, it is negligible in spite of the lack of care and anesthetics," asserted the Sergeant, "but it is high among the unfortunate infants,—mostly on account of malaria."

"Yes, it must be high," agreed the Captain, as they entered the ward reserved for pediatrics, "And I have noticed a peculiar elongation of the skulls of most of these children," as he placed a finger on one.

"That," explained the lic-lic doctor, "is the result of six months of tight binding of the skull from the moment of birth. The telescoped effect in the forehead is the height of fashion hereabouts. And please to note, Sir, that these native mothers won't leave their babies. That's why you see them here on the floor mats, each one nursing her own. Mother intinct is bloody strong, Sir, and must be minded **or else!"**

The lack of any provision for postmortem examinations struck the visitor. In reply to his quetsion, the Sergeant explained that native prejudices precluded pathological investigations.

VI-SYNERAL
VITAMINS and MINERALS
FUNK-DUBIN

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"These islanders" said he, "appear child-like to us Anglo-Saxons, but their beliefs are firm as adamant,—sometimes fatally so." He recalled to the Captain's mind the man in the male ward who had died. So far as could be determined with all their efforts there was no physical cause for his death. He fell a victim, it was believed, to hexing, the South Sea equivalent of the voodooism of Haiti. "Going into the history of the case," explained the lic-lic doctor, "the man being young, was adventurous enough to visit a distant settlement with a couple of his cronies. They are said to have made merry with the Marys—so much so that the husband of one of them frothed at the mouth, and laid a bloody curse upon the lad as he made his escape. On the way home he began to feel ill. Then he remembered the threats and the curse the injured husband had called down upon them as they took to their heels. He grew rapidly worse—so much so, that his companions brought him directly to me upon their return. "He is poisoned," they declared and told me how it happened."

"What were his symptoms?" asked Black.

"There was fever during the four days that he lived," replied the lic-lic doctor, "at times as high as 104 degrees. There also were a noted rasping, non-productive cough, diarrhoea, nausea, vomiting and a persistent headache. I couldn't make out pneumonia," he continued, "but anyhow I gave him massive doses of the sulfa drug without any effect. Might as well have dumped it into the lagoon. The patient himself was sure his time had come, and that the curse was stronger than any medicine I might use. He made up his mind to die, insisting to the end that he was poisoned, and bli'me if he didn't do just that. 'Where there's a will' may be true enough, but where there ain't, there ain't and that's all there is to it!"

"How old would you say the young buck was?" asked Black.

"Ha," exploded the Sergeant, "there's another difficulty! The natives have bloody little idea of time, and none at all of age. They have learned to count the years by the number of Christmases, but differences in days or months in this unchanging climate it seems, are too small to matter."

As they came to the end of the rounds, Captain Black sought a bench in the shade where palm fronds wove black, lacy patterns on the white coral sand, and stretched out weary legs. He exchanged a cigaret for a cool drink of fresh cocoanut milk, and reviewed in his mind the questions which had cropped out in the morning rounds.

Beyond an occasional fracture, lancing abscesses and debridement of ulcerous lesions, surgery on the atoll evidently was negligible. Appendicitis, he had learned, was unknown until the advent of the white man with his so-called civilized diet. But then he recalled that this popular malady was also unknown in America and the world at large until the keen perception of the elder Reginald Fitz segregated the entity. How many fatal bellyaches, he wondered, had been attributed to hexing,—or, just as often, to the punitive visitation of God's will? He broke the silence with a question.

"Of course you have a need for anesthesia now and then. How do you manage?"

"First," replied the lic-lic doctor, "I put the patient out, then let one of the doctor boys carry on while I operate. You would be amused at the amazement of the natives," he went on, "when them as were dead came back to life. They look upon me as God Almighty, and the bewildered patient spills his thanks all over the place!"

"No," replied the Sergeant to another

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BACKGROUND

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question. "We have no suicides, or almost none, except in the insane. These natives really are care-free,—Utopians you might call them. Ten shillings each they're paid for a man's labor, and their keep and free medical service. But those who will not work are taxed ten bob a year to meet the cost of their doctoring and incidentals."

"By the way," interposed Black, "what, if I may ask, are you paid?"

"A blinkin' ten pounds," came the prompt reply,—that's thirty-six twenty to you, Sir, and little enough I'm sure!"

That may be, mused the medical reservist, but what a wonderful set-up it is, no rent, no food bills, and above all, no taxes to pay! It is socialism in fact, and adequate for those who like the simple life. And when they die, who are worse off, the natives or the civilized, the white or the dark-skinned? During life, he decided, there is little fundamental difference after all. Both desire security, family, life, love; and the indispensable trinety, food, shelter and clothing. What more can there be to desire? Is it not merely a question of degree? And death may equalize that!

"You are doing good solid work here, Sergeant Cronk," said Captain Black as he shook hands in farewell. "Congratulations, and thanks for everything," but silently he expressed a fervent wish, "I'd give my right eye to be back in Springfield, Massachusetts in the good old U. S. A., whether capitalist or not, even though I've been sold down the river! And won't I have something to say on my return,—a "blinkin' bloody mouthful" as Sergeant Cronk would put it in A-1 Digger lingo! Selah!